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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039478 (8)

1. Corporation Name

OZZYS FARM, INC.



Principal Place of Business

1801 S. TREASURE DR., STE. 421
N. BAY VILLAGE FL 33141

Mailing Address

1801 S. TREASURE DR., STE. 421
N. BAY VILLAGE FL 33141-4321

3. Date Incorporated or Qualified

05/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1801 S. TREASURE DR.

26

4. FEI Number

650 650 430

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 # 421

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 City & State

29 City & State

25 N. BAY VILLAGE FL

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

26 Zip

Country

27 33141

28 DAGE

31 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONSECA C., OSWALDO
1801 S. TREASURE DR., STE. 421
N. BAY VILLAGE FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FONSECA C., OSWALDO
STREET ADDRESS 1801 S. TREASURE DR., STE. 421
CITY - ST - ZIP N. BAY VILLAGE FL 33141

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME FONSECA L., OSWALDO JR.
STREET ADDRESS 1801 S. TREASURE DR., STE. 421
CITY - ST - ZIP N. BAY VILLAGE FL 33141

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME FONSECA L., ROXANAO
STREET ADDRESS 1801 S. TREASURE DR., STE. 421
CITY - ST - ZIP N. BAY VILLAGE FL 33141

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME FONSECA L., ZOYLA
STREET ADDRESS 1801 S. TREASURE DR., STE. 421
CITY - ST - ZIP N. BAY VILLAGE FL 33141

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-14-97

(305) 864-1944

0194686

CR2E034 (9/96)